

{salon disegno}

Application For Employment

Personal Information

Date _____

Name

Present Address City State Zip Code

Permanent Address City State Zip Code

(_____)

(_____)

Daytime Phone Number

Evening Phone Number

Referred By _____

Employment Desired

Position Desired _____ Desired Start Date _____ Salary Desired _____

Are You Employed?

Yes

No

If So, May We Contact
Your Current Employer?

Yes

No

Have you applied to
Salon Disegno before?

Yes

No

If So, When? _____

Education History

Name & Location Of School	Dates Attended	Did You Graduate & Year	Subjects Studied
High School			
College			
Trade/Business			

General Information (Subjects of Special Study/Research Work or Special Training/Skills)

Former Employers (List below last four employers, starting with the most current)

Month and Year	Company Name, City and State	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Hours Available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

Lawrenceville is open Mon - Thurs 9am - 9pm, Fri- Sat from 8am - 8pm and Sunday 1pm-8pm

Dacula is open Mon-Thurs 9am-9pm, Fri-Sat 8am-6pm and Closed Sundays

Buford is open Mon-Thurs 9am-9pm, Fri-Sat 8am-8pm and Sunday 1pm-8pm

Sugar Hill is open Mon-Thurs 9am-9pm, Fri-Sat 8am-8pm and Sunday 1pm-8pm

Are you able to work at all locations (Sugar Hill, Buford, Lawrenceville & Dacula)?

Yes

No

References (Provide three non-related persons, whom you have known at least one year)

Name	Phone Number	Relationship	Company Name	Position	Years Known

Please Attach Resume

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This Waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____